

EMPLOYMENT APPLICATION

BUSY BEES CHILDCARE
4000 N 4TH ST, CDA, ID, 83815
(208) 819-6301
BUSYBEESCDA@GMAIL.COM



DATE OF APPLICATION:

OFFICE/ADMIN USE ONLY

DATE OF APPLICATION:

STAFF INITIALS

IMPORTANT INFORMATION

- * APPLICATIONS MUST BE COMPLETED IN FULL AND RETURNED VIA EMAIL TO BUSYBEESCDA@GMAIL.COM
- * APPLICANT MUST BE 18 YEARS OF AGE FOR LEAD/ASSISTANT POSITIONS
- * APPLICANT MUST BE AUTHORIZED TO WORK LEGALLY IN THE US
- * A VALID DRIVERS LICENSE WILL BE KEPT ON FILE IF APPLICANT IS HIRED

PART 1: APPLICANT PERSONAL INFORMATION

LAST NAME:	FIRST NAME:
HOME ADDRESS:	
CITY, STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL:
PREFERRED CONTACT METHOD: {CALL} {TEXT} {EMAIL}	

PART 2: EMPLOYMENT INTERESTS

POSITION(S) APPLYING FOR	{LEAD TEACHER} {FLOATER} {ASSISTANT TEACHER} {CLOSER}
AGE GROUP PREFERENCE(S)?	{18MOS} {2YRS} {3YRS} {4YRS} {NO PREFERENCE}
SEEKING FULL TIME OR PART TIME?	{FULL TIME} {PART TIME}
HAVE YOU EVER APPLIED FOR A POSITION WITH US BEFORE?	{YES} {NO} {PREVIOUS EMPLOYEE}
AVAILABLE START DATE?	
ARE YOU REGISTERED WITH IDAHO STARS?	{YES} {NO}
HAVE YOU COMPLETED AN ENHANCED BACKGROUND CHECK WITHIN 5 YEARS?	{YES} {NO}
ARE YOU PEDIATRIC CPR AND FIRST AID CERTIFIED?	{YES} {NO}
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?	{YES} {NO}

PART 3: EDUCATION

SCHOOL LEVEL	NAME OF SCHOOL	GRADUATED?	CERTIFICATE OR DEGREE EARNED / AREA OF STUDY
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
IDAHO STARS TRAINING HOURS	N/A	N/A	NUMBER OF HOURS:
CDA CERTIFICATE EARNED?			

PART 4: EMPLOYMENT INFORMATION

1	COMPANY NAME		
	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE
	STARTING PAY \$	ENDING PAY \$	DUTIES
	REASON FOR LEAVING?		
2	COMPANY NAME		
	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE
	STARTING PAY \$	ENDING PAY \$	DUTIES
	REASON FOR LEAVING?		
3	COMPANY NAME		
	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE
	STARTING PAY \$	ENDING PAY \$	DUTIES
	REASON FOR LEAVING?		
4	COMPANY NAME		
	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE
	STARTING PAY \$	ENDING PAY \$	DUTIES
	REASON FOR LEAVING?		

PART 5: REFERENCE (EMPLOYMENT/SCHOOL/PERSONAL) **ONE PROFESSIONAL REFERENCE REQ'D

NAME	COMPANY	TITLE	PHONE#
NAME	COMPANY	TITLE	PHONE#
NAME	COMPANY	TITLE	PHONE#

PART 6: ACKNOWLEDGEMENT (PLEASE INITIAL NEXT TO EACH STATEMENT

INITIALS	I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS EMPLOYMENT APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND ABILITY.
INITIALS	I UNDERSTAND THAT BUSY BEES CHILDCARE RESERVES THE RIGHT TO INVESTIGATE AND VERIFY ALL INFORMATION PROVIDED ON THIS FORM, TO INCLUDE DATES OF ATTENDANCE AT EDUCATIONAL INSTITUTIONS, TRAINING HOURS, EMPLOYMENT DATES, RATE OF PAY AND REFERENCES.
INITIALS	I UNDERSTAND THAT CLEARANCE OF AN ENHANCED BACKGROUND CHECK THROUGH IDAHO DEPARTMENT OF HEALTH AND WELFARE, PEDIATRIC FIRST AID AND CPR CERTIFICATION, AND CREATION OF IDAHO STARS RISE ACCOUNT WITH SUBSEQUENT TRAINING HOURS WILL BE MANDATORY UPON ACCEPTING A JOB OFFER WITH BUSY BEES CHILDCARE, AT APPLICANT EXPENSE.
INITIALS	I UNDERSTAND THAT ALL POSITIONS AT BUSY BEES CHILDCARE REQUIRE PASSED ENHANCED BACKGROUND CHECKS, AND A CONVICTION IS NOT AN AUTOMATIC DISQUALIFYING FACTOR FOR EMPLOYMENT. CLEARANCE WILL BE AWARDED BY THE IDHW CRIMINAL HISTORY UNIT.

APPLICANT NAME:
APPLICANT SIGNATURE: _____ DATE: _____

OFFICE /ADMIN USE ONLY	
DATE APPLICANT CONTACTED	STAFF INITIALS
INTERVIEW DATE	APPROVED {YES} {NO}

PLEASE ATTACH RESUME IF AVAILABLE